PROPOSAL FORM

GRIHA RAKSHA PLUS



SURAKSHA AUR BHAROSA DONO

This proposal is for covering Home Building and/or Home Contents, if opted against Fire and Allied Perils. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better. The property proposed for insurance is not covered until the proposal is accepted and premium paid.

OFFICE USE ONLY:																							
Policy Issuing Office Address	:																						
													Code	e: [
Intermediary/Agent Name:																							
											Сс	ode ((if any	y):									
DETAILS ABOUT PROPOSER AND POLICY PERIOD																							
1. Name of the Proposer*:												Т											
Ownership: Single J	oint [Gend	ler:N	1	F		Oth	er				Ν	latio	nali	ty:					
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2.Address of Proposer *:																							
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Date of Birth*: D D M N	ΥY	ΥY	Y	Geno	der*:	м 🗌] F [Otł	ner [M	arital	Sta	tus*:		Ma	rrie	d [l	Unma	arried	ł
Aadhaar No.*:			\times]	PAN*	:] / F	orn	n 60	/61	(if Av	/ailab	ole):	
Passport / Driving License/	Voter	ld:																					
Occupation: Salaried	elf Em	nploye	ed	An	y Oth	er						Er	mail II	D*:									
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The digital copy of your policy need a physical copy of the po																							
I. Are you the owner / tenan	t? O۱	wner	-	Fenai	nt 🗌	I	ll. Is tl	ne pr	em	ises	is oc	ccup	bied b	oy tł	ne ov	vner	(lan	dlor	rd):	Yes		No	
Proposal Type: Housin	-	•			dividu		-			• •	e of P		- L		Grou						ual Po	olicy	
3. Policy to be issued in favo	Jr of (I	list ou	t all ti	he pa	rties	whoł	nave i	nsur	able	e into	eres	t) in	cludi	ing t	he fi	nano	cial i	nsti	tutio	ons :			
Disclaimer: SBI General Insurance	Compar	ny Limi	ted C	orpora	ate & Re	egistei	red Off	ice : F	ulcru	um Bu	uilding	g, 9tł	n Floor	r, A &	B Wi	ng, Sa	ıhar l	Road,	, And	heri (East),	Muml	cai

400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 CIN: U66000MH2009PLC190546 SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Griha Raksha Plus UIN: IRDAN144RP0014V01202223 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Version: 1.0 Dec 2024

Loan amount :					F	Perio	o bd	fIn	sur	and	ce: I	Fro	m:	D	D	M	M	Y	Y	Y	Y	to	D	D	Μ	Μ	Y	Y	Y	Y
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4. Are you or any of the proposed applica	nts or	r clos	e rela	itives i	is/are	easso	ciate	dto	Polit	icall	у Ехр	ose	d Per	rson	?	Yes] N	o 🗌											
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NOMINEE DETAILS*:																														
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Mobile no*.:		<u> </u>													E	-ma	il Id	: [
Percent of Claim Payable:																														
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Nominee 2					-1	_		-1-								<u> </u>			1	1			r—	1	<u> </u>	<u> </u>	<u> </u>			
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Nominee Mobile Number:					_			_							E	.ma	il ld:													
Percent of Claim Payable:																			-	-							<u> </u>			
Present address:																														
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Note (*) marked fields are mar	ndate	ory					_	_																-	I	L	L			
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COVERS OPTED																														
5. Is there any policy in place for	or th	ie sa	me	prop	pert	y?] Y	/es		N	С																		
If Yes, please provide the deta	ils [
6. Cover/s required: (When Ho	ome	Buil	ding	gano	dHc	ome	Cor	nte	nts)																					
Home Building & Home Cor	nten	ts		F	lom	ne Bu	uildi	ng (Only	y [Ho	me	Co	nte	nts	On	ly [
Location of Home Building																														
7. Full postal Address:			1											1		1	1							1						
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City:						S	tate): 													Pine	coc	le:							
8. Is it in a multi-storey buildin	g 🗌	0	risi	tas	tanc	dalo	he h	ou	se																					
9. In case of multi-storey build	ling,	plea	ase	prov	vide	the	floc	or n	umł	ber	of١	/ou	ır ho	ous	e:]											
Disclaimer: SBI General Insurance C																														
400 099. For more details on the ris SBI General Insurance Company Lim and used by SBI General Insurance	nited	IRDA	Re	g.No.	.144	date	d 15	/12	/200	90	CIN: I	U66	000	MH2	200	9PL(C190)546	SSE	Lo	go dis	spla	yed	belo	ngs	to St	tate	Bank	ofl	ndia

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separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

10. Is there a basement to Your house? Yes No											
In case of Basement, If there are contents in it, please provide the Sum Insured:											
Details of Home Building											
 11. Sum Insured (SI) for Home Building: a. SI for residential structure of Your Home including fittings and fixtures (in ₹): 											
b. SI for additional structures (in ₹): Additional Structure											
Sum Insured (₹)											
12. Carpet area of structure of Home in square metres/ square feet :											
13. Rate of Cost of Construction per square metre/ square feet at the policy Commencement Date :											
14. Age of Home Building: Less than 5 years 5-10 years 10-20 years Above 20 years											
 15. Construction Details Please note the following: (Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth asphalt/canvas/tarpaulin, and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a 'Pucca Construction') Walls Construction*: Kutcha / Pucca Floor Construction*: Kutcha / Pucca Roof Construction*: Kutcha / Pucca (*strike out what is not applicable) 											
16. Home Contents Cover											
If You have opted for Home Contents cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents cost of replacement)											
Furniture & Fixtures Electrical & Electronic items Others											
Are there any Fire Protection Devices? Yes No No Is your building certified by IGBC? Yes No											
Optional Covers (available on payment of additional premium)											
 17. I. Acts of terrorism Do you wish to opt for below coverage under Terrorism Cover? Political Violence cover required – Yes // No · Third Party Liability Cover required – Yes // No II. Architect & surveyor fee Up to 5% of claim amount - Yes No 											
III. Removal of debris up to 2 % of the claim amount - Yes No											
IV. Cover for (Please Tick)											
Loss of Rent: I. Sum Insured: (Rent per month x number of months) II. Number of Months:											
Rent for Alternative Accommodation: I. Sum Insured: (Rent per month x number of months)											
II. Number of Months:											
V. Do You require 'Personal Accident Cover' for Yourself and Your Family? Yes No											
Cover for Name DOB/ Age Sum Insured Name of Nominee Relationship Address of the Nominee Age of nominee											
Name of Nominee Relationship Address of the Nominee											
Age Name of Nominee Relationship Address of the Nominee nominee											
Age Name of Nominee Relationship Address of the Nominee nominee Self ₹xxxx											
Age Name of Nominee Relationship Address of the Nominee nominee Self ₹xxxx Spouse ₹xxxx											
Age Name of Nominee Relationship Address of the Nominee nominee Self ₹xxxx Spouse ₹xxxx Child -1 ₹xxxx											

Where Nominee is a minor, give the details of Appointee

Name of the Appointee	:					Relat	ions	hip:				
VI. Do You require 'Cove		•										
(Valuable Contents of items of similar nature		st of items such	as jewellery,	silverware, p	aintings,	works	ofar	t, antic	que ite	ems, c	curios	and
If Yes, please mention	the total amount:											
Valuable Contents	Jewelle	ry Items (others	5)	Valuabl	e items	others	s)					
Sum Insured Opted												
Valuation certificate to	o be attached.											
VII. Accidental Damage (Cover – General Co	ontents Yes	No	VIII. Temp	orary Re	settler	ment	Exper	ises	Yes	No	
IX. EMI Protection												
EMIamount		3 M	onths 🗌 6	Months	Sum	Insure	ed					
X. Utility Expense Cove	r Yes	No 🗌	YI FI	ectrical Claus	so / Floct	rical In	etalla	tion (اعبيدم	Yes	 	
•			III. Pet Insura					.oss of				
XII. Tenant Liability Cov	ver Yes	No 🔄 🛛 🗙	m. Pet msura		No		\IV. L	.055 01	кеу	Yes	, I	No 🔄
Premium Details*:												
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Premium payment optic	on: Cheque 📃 🛛	DD Debit C	Card / Credit									
Bank Name:			В	ranch Name	:							
IFSC Code:			B	ank Account	: No							
SBIGI does not accept C	ash for Premium	Payments agaiı	nst the Polic	/.								
Bank Account Details Fo	or Process Of Refu	nd*:										
Cheque will be issued in t refund amount would be Cheque: (Cancelled Cheq	credited to your	designated bank	k account. Ple	ase provide	the follo	wing b	bank (details	and a	copy		
Name of Account Holder												
Bank Name:				Branch N	ame:							
Bank Account No.:				IFSCC	ode:							
MICR Code:						•						•••
Note: The Proposer agree is selected, please submit			-		nce abou	it any c	chang	je in ba	nkaco	ount	detail	s. If ECS
KYC Documents Attach	ed:											
Pan Card Pas	ssport	Government UI	ID Voter	s Identity Ca	rd 🗌	Aad	lhaar	Card	Г	Т	elephc	one Bill
Ration Card Dri	ving Licence	Electricity Bill	Utility	bills not olde	er than 2 i	_ month	s	Reg	∟ istrati	ion C	ertifica	ate
Claims details												
Please specify details of a			-				£,:£,	loine ir	ن ₋ ــــ	o o ol!	~	
Date of Loss Cau	se of Loss Cla	imed Amount	56	ttled Amour	it/piease	speci	i y if C	iaim IS	outst	andin	iy	
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Declaration by Insured

I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.

- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.

- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.

- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

- The details filled in the proposal form would be used for new as well as for renewal purpose.

Date: D M M Y Y Y Place:	Signature of the Proposer							
ELECTRONIC INSURANCE ACCOUNTS DETAILS								
would like Griha Raksha Plus and related information in: Physical Format e-Format (electronic)								
I don't have an eIA and I would like to apply for eIA with: NSDL Data Ma	anagement CSDL Insurance Repository Ltd							
Karvy Insurance Repo	ository Ltd CAMS Repository Services Ltd							
CKYC No (Central Know Your Customer Registry Number), (if available)):							

I, ______, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name:



Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian

Non-Indian

If Non-Indian, please specify Country:__

Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government	Non-Go	overnmental Organis	ation	Society	Trust	
Partnership International	Organisation	Cooperative	· _	 Section 8 Co	mpanies	
I hereby declare that the current address Customer can submit CKYC form for upo		n the avalilable in the	Central ider	itities Data Rep	oository. 🗌 Yes	No.
Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)						
				Signatur	re of Proposer	
VERNACULAR DECLARATION						
Applicable where the Proposer is illitera has signed in vernacular language. (Nor Company). I/We certify that the product applied fo and I/we have fully understood them. I/ information provided by me/us- I, (Fu (Relation with the Propose and residing at the Proposal Form and all other docume to the Proposer/Primary Insured and he above is true and correct to the best of I Date: DDMMYYYYY Place:	te: The below m r by me/us and t /We further cert II name of the er/Primary insur ents incidental to /she/they have u	the contents of the F ify that the replies in witness) red)do hereby certif availing the insuran understood the same	y someone of Proposal For In the Propos Ty that I have ce policy fro	other than the m have been cl cal Form have b adu read out and e m SBI General I	Advisor/Employe early explained to been recorded as ult and inhabitant of explained the cont insurance Compa	o me/us per the of (city) tents of ny Ltd.,
	Signature of t	he Witness Insured	Signa	 ture/Thumb im	npression of the F	 Proposer
Agent Declaration:						
I, Corporate Agent/Authorized employe contents of this Proposal Form, includir statement(s), information and respons details sought herein will form the basis accepted by the Company for issuance response(s) is/are contained in this Pro furnished, the Company shall have the non-disclosure of any material fact, the	e of the Broken ng the nature of e(s) submitted of the Contract e of the Policy. posal Form/incle right to vary th	the questions conta by him/her in this P t of Insurance betwe I have further expla uding addendum(s), ne benefits which m	er, do hereb ined in this F roposal Forr en the Comp ined that if affidavits, st ay be payab	y declare that Proposal Form n to questions bany and the Pr any untrue sta atements, subr le and further	I have explained to the Proposer in contained herein oposer, if this Pro itement(s)/ inform missions, furnishe more if there has	d all the ncluding n or any oposal is mation / ed/to be s been a

Agent Name:	
SP Name:	
SP Code: License No.:	
Date: D D M M Y Y Y Y	
Place :	
	Signature of Agent

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Griha Raksha Plus UIN: IRDAN144RP0014V01202223 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

as null and void and all premiums paid under the Policy may be forfeited to the company.

Insurance Act, 1938, Section 41-Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

Please note the following for Sum Insured (SI) for Home Building section:

(The amount required to construct Your Home Building at the policy Commencement Date. The amount is calculated as follows:

a. For residential structure of Your Home including fittings and fixtures:

Carpet area of the structure in square metres/square feet X Rate of Cost of Construction at the policy Commencement Date.

The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.

b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)

Details of Home Contents

Please note the following:

- I. Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- II. General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.



AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. "Controlling ownership interest" means ownership of or entitlement to more than ten percent of shares or capital or profits of the company;
 - 2. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten** percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.